

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002135

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** WATERS EDGE HOMEOWNERS ASSOCIATION, INC. OF POLK COUNTY

**Current Principal Place of Business:**

2045 SAN MARCOS DRIVE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

ORANGE BLOSSOM TRAIL  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

2045 SAN MARCOS DRIVE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

5950 IMPERIALAKES BLVD  
SUITE 7  
MULBERRY, FL 33860

FEI Number: 59-3184394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TENAGLIA, RICHARD A  
C/O CREATICE ASSOC SERVICES, INC.  
2045 SAN MARCOS DRIVE  
WINTER HAVEN, FL 33860 US

**Name and Address of New Registered Agent:**

MOSELLE, LISA M  
5950 IMPERIALAKES BLVD  
SUITE #7  
MULBERRY, FL 33860 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA MOSELLE

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ROBERTS, DAWNANN  
Address: 5950 IMPERIALAKES BLVD  
City-St-Zip: MULBERRY, FL 33860

Title: STD  
Name: TEMPLE, JOAN  
Address: 329 ORANGE BLOSSOM DR SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD  
Name: SMITH, TIMOTHY  
Address: 327 ORANGE BLOSSOM DR. SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: LAMPHER, AMY  
Address: 5950 IMPERIALAKES BLVD  
City-St-Zip: MULBERRY, FL 33860

Title: D  
Name: REZABEK, DAVID  
Address: 2060 HIDEAWAY COURT  
City-St-Zip: MORRIS, IL 60450

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY SMITH

PD

04/05/2011

Electronic Signature of Signing Officer or Director

Date